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MEMORANDUM

TO: Health and Human Services & Appropriations and Financial Affairs Committees
FROM: Maine Department on Health and Human Services
DATE: March 6, 2023
RE: Responses to Biennial Budget Initiative Questions

Contents

Medicaid / Office of MaineCare Services (OMS)

1. **Rep. Gattine (2/21): Provide summary of MaineCare rate/funding changes in context—a chart was requested so that committee members can see what is happening to particular sections of policy like Sec 21 AND Rep. Gattine (2/24) / CA-7127: Provide breakdown of Behavioral health rate increases**

Section	Median Increase by Section
Section 13	7%
Section 17	59%
Section 28	72%
Section 65	22%
Section 92	43%

The Department is working on a comprehensive overview of recent MaineCare rate changes

Behavioral Health rate increases are attached

2. **Rep. Graham (2/21): Provide rate reform final report / calendar for rate reform. Rep. Gattine (2/24) / CA-7126: Provide more detail on hospital rate reform timeline and process. Rep. Fay (2/24): Provide rate reform calendar**

All rate reform documents, including the final report and schedules, are available here: www.mainecare.gov/rate-reform. Likely of most interest to the Committee is the drop-down

table titled "Upcoming Rate Determinations for Calendar Year (CY) 2023)." With regard to hospitals, the process is starting this spring. MaineCare has neither updated the amount it pays nor its methodology for hospital payment in years. OMS will consult with hospitals, consumers, experts and the public through the process established in the rate reform law that has been used for behavioral health and other services. Consistent with the funds for this purpose proposed in the biennial budget, OMS expects to implement rate reform in January 2024.

3. **Rep. Javner (2/24): Provide overview of hospital payments and Sen. Baldacci: Provide a total look at hospitals in the last year and what estimated payments will look at in the next year**

Current hospital reimbursement methodology is complex and outdated, both in terms of recognized best practice and how recently rate methods and amounts have been updated. Reimbursement methodologies differ based on whether a hospital is a Critical Access, Acute Care, Psychiatric or Rehabilitation hospital, with further distinctions by particular location and Medicare status. Methodologies differ again for each of these categories for facility costs versus physician costs, and for inpatient versus outpatient services, with further distinctions by more specific service type. Some payments are prospective, while others are interim and subject to subsequent cost settlement, at a range of 83.7% up to 117% of costs, depending on the factors noted above. Experts widely agree that cost settlement is an outdated methodology that is administratively burdensome and complex, and that provides little to no incentive for efficiency, cost or utilization control. Some reimbursement based on patient diagnoses related groups hasn't been updated in over a decade. There is little to no relationship between reimbursement and performance, and wrapping around this complex web are additional supplemental payments that have no basis in or relationship to current provision of services, cost or performance, but instead are distributed based on historical proportional revenue.

COVID hospital supplemental payments: A recent press release from the Department outlined relief funds to hospitals, not counting the $25 million included in the SFY 2023 supplemental budget:

On October 22, 2022, hospitals received $25 million in a COVID-19 supplemental payment proportional to their pre-pandemic MaineCare revenue. With this payment, the Department has directed over $75 million in COVID-19 supplemental payments to Maine hospitals throughout the pandemic. Additionally, the federal government has directly made funding available to Maine hospitals, for a total of over $600 million. This includes:

- From 2020 to 2022, the U.S Department of Health and Human Services through the Provider Relief Fund directly provided approximately $530 million directly to Maine providers.
- In 2020, DHHS provided an immediate infusion of funding to hospitals totaling $10 million.
- In December 2020, the Mills Administration established the Maine Health Care Financial Relief Grant Program and awarded $2.2 million to hospitals.
- In August 2021, the Mills Administration awarded Maine hospitals $12.5 million which, like the Relief Grants, was funded from the Coronavirus Relief Fund.

- In 2020 and 2021, DHHS passed through new federal grant funding to hospitals, including the Small Rural Hospital Improvement Program (SHIP) grants totaling $6.2 million.

The Mills Administration has also provided operational and workforce support to Maine hospitals in response to the pandemic, including:

- In 2021 and 2022, deploying a total of 230 members of the Maine National Guard to help maintain critical care during COVID-19 surges, such as by administering monoclonal antibody treatments, caring for people convalescing from COVID-19 in special units, and providing nutrition and other supports for hospital staff.
- In 2021 and 2022, securing Federal clinical staff to complement the non-clinical work of the Maine National Guard in hospitals.
- From 2020 to 2022, mobilizing the Maine Responds Emergency Health Volunteer System that organizes health care, public health, and volunteers to respond to emergency situations and engaging 50 clinicians to serve in hospitals during surges to help administer therapeutic treatments for COVID-19
- Starting in 2021, providing flexibility for acute-care hospitals to use Critical Access Hospitals to alleviate capacity constraints.
- Starting in 2021, the Maine Jobs and Recovery Plan has started investing $20 million in health care workforce initiatives such as supporting hospital-based training programs, a loan repayment program for physicians, and numerous initiatives to train more nurses.

At this point we are unable to estimate payments to hospitals for FY24.

4. Rep. Sachs (2/22) / CA-7122: We just provided $25 million to long-term care facilities. Why is the high MaineCare utilization add on payment needed for PNMI-Cs?

This is a continuation of the add-on payment provided for in Public Law 2021, chapter 635, to continue support for facilities that disproportionately serve low-income residents, consistent with current reimbursement policy for Nursing Facilities. Without this payment, rates for PNMI Cs would decrease at a time when facilities are still struggling to recruit and retain workforce following the pandemic. The Department recommends continuing these add-on payments until broader reimbursement reform for all long-term care facilities takes effect which is planned for January 2025.

5. Sen. Baldacci: More information on allowability of self-directed care services for parents of minor children.

Providing reimbursement to parents of minor children is not permissible as a result of 42 U.S.C. sec. 1396d(a)(24)(B), 42 C.F.R. sec 440,167 and the CMS State Medicaid Manual section 4442.3.B.1, which speak to the impermissibility of reimbursing parents and/or spouses for providing care to persons for whom they are already legal obligated to provide such services.

6. Sen. Baldacci (2/22): Provide one-page overview of the MaineMOM program

The MaineMOM overview document is attached to this memo.

7. Sen. Baldacci (2/24): Provide response to testimony from Pres. Of Maine Nurse Practitioner Assoc regarding Med Management rate cuts

The Department has neither proposed nor adopted any rate decreases for these services. Due to Federal maintenance of effort requirements related to the public health emergency, the rates can not be decreased until at least March 31, 2025. We have not yet determined what the rates will be from April 2025 going forward. As such, the Department has not proposed any rate changes to these services in its forthcoming rulemaking for Section 65.

We understand the confusion around these rates stem from a presentation by a rate determination vendor, Burns and Associates, who presented their recommendations for medication management rates in Fall 2022 based on their analysis of provider survey data and state market data. They recommended differentiating rates for physicians versus advanced practitioners (including nurse practitioners) based on the Bureau of Labor Statistics data that indicated average wage levels for these positions vary considerably. As a result, the vendor's recommended rate for advanced practitioners would have been a decrease compared to the current blended rate for both physician and advanced practitioners.

The Department sought stakeholder feedback, with supporting data, regarding any issues with rate inputs Burns and Associates used in its rate study (e.g., cost assumptions, wage levels, etc.) and did not receive any comments specific to this regard. Comments received spoke to the importance of these services and the anticipated negative impact of any rate decreases. Since this time, engagement with stakeholders including the Maine Nurse Practitioner's Association has indicated concerns with the survey process and data used, and the Department is committed to a full public process for rate determination as outlined in statute including robust stakeholder engagement should medication management rates be proposed to change in the future.

8. Sen. Baldacci (2/24): Support has been provided to help hospitals and NFs – can we look at total payments to hospitals in the last year and what the estimated payments are in the next year (just estimates) – same for NFs.

See the answer to Q5 for hospitals. With regard to nursing facilities, in the last few months, the Department increased rates by approximately 20 percent on July 1, 2022 and further increased rates on January 1 to reflect the 125 percent Part AAAA provision. The Department is also implementing the recently passed COVID-19 $25 million supplemental payment in the SFY 2023 supplemental budget. A recent press release from the Governor included highlights of past state support for nursing facilities and is included below:

- In June 2019, Governor Mills signed into law a biennial budget that dedicated $25 million to provide a cost-of-living adjustment to nursing facilities. As a result, nursing facility rates increased, on average, by 5 percent for Fiscal Year 2020;
- In March 2020, at the onset of the pandemic, the Mills Administration began $9 million in temporary payment rate increases to nursing facilities for extra costs associated with COVID-19, including staffing above and beyond customary levels to maintain proper ratios and to monitor residents and screen visitors, supplies and PPE, such as face masks and gowns, beyond the amounts typically purchased;

- In November 2020, the Mills Administration announced that it would reimburse nursing facilities for their costs to conduct Federally-required surveillance testing using commercial laboratories;
- In December 2020, the Mills Administration awarded $5.1 million to health care facilities, most of which were nursing facilities, to cover expenses resulting from the pandemic;
- In July 2021, Governor Mills signed the FY22-23 biennial budget that dedicated $36.4 million in cost-of-living adjustments and rebasing funding for nursing facilities;
- In August 2021, the Mills Administration awarded $12.5 million to nursing and residential care facilities to help them cover expenses resulting from the pandemic;
- In September 2021, the Mills Administration delivered $123 million in one-time funding, including $30 million in General Fund dollars authorized through the biennial budget signed into law by the Governor, for nursing facilities, residential care facilities, and adult family care homes to help address workforce issues by retaining current staff or hiring new vaccinated staff;
- In December 2021, the Mills Administration announced its plan to increase rates for long-term care facilities by $4.5 million from January to June 2022, and add another $7.6 million through the budget for supplemental wage adjustments for fiscal year 2022;
- Effective July 1, 2022, payment rates increased to support paying direct care workers at least 125 percent of minimum wage, on top of rebasing rates. Rate letters including these amounts are forthcoming, with the higher rates being retroactive to July 1.
- This is in addition to at least $50 million in financial relief distributed directly by the Federal government to nursing facilities across Maine.

Developmental Disabilities and Intellectual Disabilities / Elder Services (including NF) / Office of Aging and Disability Services (OADS)

9. Rep. Zager (2/21): How does the biennial budget address the waitlists for Section 21 and Section 29?

The biennial budget requests funding to add 50 new members per month for services for adults with intellectual and development disabilities under the Section 29 program until 900 new members have been added in total. This is projected to keep the Section 29 waitlist clear through December 31, 2024. At that point, the new Lifespan waiver is scheduled to open. Beginning January 1, 2025, the Lifespan waiver will enroll 50 adults and 40 children (ages 14-17) per month through June 30, 2025 which will provide new access to 540 individuals. In Phase 2 of Lifespan, existing participants in Sections 21 and 29 will have the option of moving to the Lifespan waiver or staying in their current waiver program.
The Department maintains reserve capacity in Section 21 to enroll Priority 1 individuals (those at risk of abuse, neglect, exploitation, or homelessness). We will continue to do so, and the budget includes funds to annualize 50 reserve capacity slots that were approved by the Legislature last year. Note that of those on the Section 21 wait list, a relatively small number (311) have no other services. Those individuals could seek Section 29 services today, and they could also be prioritized for Lifespan enrollment when the program opens. Most of the remaining individuals

on the Section 21 wait list are currently receiving Section 29 services, and will have the option of transferring to Lifespan in Phase 2 of the program.

A Lifespan waiver is subject to approval by the Centers for Medicare and Medicaid Services, and enrollment will continue in the existing waivers until Lifespan becomes available.

The Department publishes waitlists related to waiver programs on our website. The latest update in December 2022 is here:

Waiver program	Participants	Waitlist	With other coverage	Without other coverage	Percent of current participants without other coverage
Brain Injury (Section 18)	195	170	105	65	33%
Other related Conditions (Section 20)	44	16	8	8	18%
Comprehensive Services for IDD/ASD (Section 21)	3,353	1,951	1,640	311	9%
Support Services for IDD/ASD (Section 29)	2,743	185	99	86	3%
Unduplicated Member* Totals	**6,335**	**2,267**	**1,769**	**498**	**8%**

*Members can be on multiple waitlists simultaneously.

10. Sen. Moore (2/21) / CA-7659: Provide (one-page) summary of lifespan waiver

OADS maintains a comprehensive website dedicated to the HCBS Lifespan waiver project, available here. Additionally, below and available online is a short summary of the project.

What is "Lifespan"?

- A new idea for a waiver program for people with intellectual and developmental disabilities (IDD).
    - The other waiver programs that Maine has right now are the Section 21 and Section 29 waivers.
    - Lifespan would be new and different from the Section 21 and Section 29 waivers.

How would "Lifespan" be different?

Lifespan would be:

- Less confusing by having just one waiver for people with IDD.
- Serve people for their lifetime, with different services based on a person's age and needs.
- Serve people with IDD as young as age 14 to help them with transition to being an adult.
- Help people to plan for the future (not just one year at a time)
- Give people support to keep a crisis from happening rather than giving support only after a crisis has happened to someone

- Support the strengths of each person with IDD, but also the strengths of each person's family and local community
- Offer more opportunities and support for people with IDD to find and keep a community job they like and are good at
- Offer more opportunities and support for people with IDD to self-direct their waiver services, giving people the chance to hire their own workers

Who is trying to create "Lifespan"?

- Maine's Department of Health and Human Services ("DHHS") is trying to create "Lifespan"
    - The Office of Aging and Disability Services ("OADS") is leading the work.
    - OADS is also working closely with the Offices of MaineCare Services ("OMS") and the Office Children and Family Services ("OCFS"),
    - These three agencies in DHHS are also working hard to make sure other agencies are involved including Vocational Rehabilitation (VR) that helps people find community jobs and Special Education that helps youth with disabilities while they are in school.

What's happened so far?

- In September and October of this year, five stakeholder feedback sessions were held.
- There was a lot of support from stakeholders for the idea of "Lifespan"
- At this time, the plan is to offer 90 people with IDD the chance to enroll each month, starting January 2025

Where can I find more information on "Lifespan"?

- Check out this webpage: HCBS Lifespan Project | DHHS

11. Rep. Javner (2/21): CA-1614: What does a "legacy" account mean? Rep. R Millett (2/24) / CA-1614: Provide explanation of reorganization of 7 positions

There is no formal term or definition for "legacy account," but in the context of CA-1614, the Department is referring to the current accounting structure within Office of Aging and Disability (OADS). In 2012, the Office of Elder Services (OES) and the Office of Adult Cognitive and Physical Disability Services (OACPDS) were merged to form OADS. Each legacy office was made up of multiple programs with separate general fund accounts. After the merger, brain injury and developmental services were initially established as separate units within OADS. The management of these units has since been combined, but the accounts remained separate. This initiative merges the accounts to facilitate administrative and staffing efficiency.

The positions are not being reorganized, but simply consolidated from the two existing accounts into the proposed combined account. There will be no operational impact from this consolidation on the employees or their activities.

12. Rep. Fay (2/21): Provide summary of 9817 projects, particularly around workforce

Key workforce development projects are summarized here: https://www.maine.gov/dhhs/oads/providers/workforce-development-and-retention.

An overview of the HCBS Section 9817 projects can be found here: https://www.maine.gov/dhhs/oads/about-us/initiatives/home-community-fmap-plan.

13. Rep. Javner (2/22) / CA-1633: Provide a description of Money Follows the Person program

The Money Follows the Person Rebalancing Demonstration Program (MFP), administered through the Centers for Medicare and Medicaid Services (CMS), helps states transition people with Medicaid from institutions to the community.

Maine's MFP Program, called Homeward Bound, became operational in October 2012 and supports transitions statewide. The program is overseen by DHHS through the Office of Aging and Disability Services and delivered in partnership with Maine's Long Term Care Ombudsman Program.

MFP Program Goals:

- Increase the use of home and community-based services (HCBS) and reduce the use of institutionally based services.
- Eliminate barriers in State law, State Medicaid plans, and State budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice.
- Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions.
- Put procedures in place to provide quality assurance and improvement of HCBS.

In brief, Homeward Bound serves individuals 18 and older who:

- Resided in a Nursing Facility and/ or Hospital for at least 60 days, and,
- Received Medicaid benefits for an inpatient hospital or nursing facility for at least one day and,
- Need institutional or nursing facility level of care, but for the provision of home and community-based services.

Referrals are made through the Maine Long Term Care Ombudsman Program @ 207-621-1079.

14. Rep. Ducharme (2/22): Send link for Elder Justice Roadmap

An overview of the Elder Justice Coordinating Partnership's Maine Elder Justice Roadmap is here: https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/Elder%20Justice%20Roadmap%20Snapshot.pdf.

The full report of the Elder Justice Coordinating Partnership's Maine Elder Justice Roadmap is here: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/EJCP_Roadmap.pdf

The full membership of the Elder Justice Partnership: https://www.maine.gov/dhhs/oads/about-us/initiatives/elder-justice-coordinating-partnership

15. Rep. R Millett (2/24): Provide number treated for brain injury and current waitlist, and length of how long they're on waitlist.

Current waitlist for Section 18 Brain Injury Waiver is below and can be found here: https://www.maine.gov/dhhs/oads/about-us/data-reports/participation-and-waitlist-data.

Waiver program	Participants	Waitlist	With other coverage	Without other coverage	Percent of current participants without other coverage
Brain Injury (Section 18)	195	170	105	65	33%

The Department is currently assessing the average length of time on the waitlist.

16. Rep. R Millett (2/21): explain lack of investment in this budget for sect 18 and sect 20 waitlists? Why wasn't investment in 21/29 also extended to 18/20?

We have authorization to serve more people in 18 and 20, but the persistent challenge with both programs has been provider capacity. We have included an initiative to expand brain injury providers in our HCBS Improvement Plan, funded by Section 9817 of ARPA. We have proposed to roll Section 20 into Lifespan during phase 2, which we believe will open up access for Section 20 members, because the Lifespan provider network will be much larger than the current Section 20 network. The target group for Section 20 is very small, making it challenging to operate as a free-standing provider network.

Also note that Section 18 and 20 rates are receiving COLA increases; an 8.2% rate increase in compliance with the 125% minimum wage provision went into effect on 1/1/2023.

Children's Services / Social Services / Office of Child and Family Services (OCFS)

17. Rep. Sachs (2/21) / CA-1706: Provide description of ECCP and outcomes that have been achieved

OCFS has expanded access to infant and early childhood mental health consultation (IECMHC) in child care programs in Maine through implementation of the Early Childhood Consultation Partnership (ECCP®). ECCP® is recognized as a high-quality, evidence-based model and has been successfully delivered statewide in Connecticut for over 20 years. Maine began offering ECCP® in five pilot counties in January 2021, expanding to eight pilot counties in May 2021, both times following legislation introduced by Senator Cathy Breen. The program has grown

from five ECCP® consultants to eight consultants. All consultants are full-time positions, with each pilot county covered by at least one consultant. Cumberland and York counties, the most populous counties in Maine, have two full-time consultant positions each.

Maine ECCP® provides IECMHC at no cost to child care programs and families for children who are experiencing challenging behaviors or social-emotional concerns. Consultation is provided directly to early care and education providers who serve children ages 0-8 years, including large and small centers, family child care providers, public Pre-K programs, public elementary schools, and afterschool programs. Three service types are available: Child-Specific Services, Core Classroom Services, and Family Child Care Program Services. Core Classroom and Family Child Care Program Services focus on improving the social-emotional climate of whole classrooms or home-based child care programs and helping providers respond to the social-emotional needs of all children in their programs. Child-Specific Services work to prevent suspension or expulsion of children from their early care and education program and connect children and families with mental health resources early to prevent escalation of mental health needs. ECCP® consultants provide valuable professional development opportunities at no cost to child care providers through access to monthly mental health consultation groups and open-enrollment monthly virtual trainings.

Services have been provided in eight pilot counties: Aroostook, Androscoggin, Cumberland, Hancock, Kennebec, Penobscot, Washington, and York counties. The program is in the process of expanding statewide with an additional eight (8) consultants to be hired, bringing the statewide total to sixteen (16) consultants. Since initial implementation in January 2021 through December 31, 2022, Maine ECCP® has served 1,278 children and 242 teachers/providers with Core Classroom Services and 129 individual children with Child-Specific Services. A total of 117 unduplicated programs have received services through ECCP® in the pilot counties through December 31, 2022. Family Child Care Provider Services began in September 2021, and eight (8) family child care programs have been served through December 31, 2022. 98% of children receiving Child-Specific Services through December 31, 2022 were not suspended or expelled from their child care programs at conclusion of services.

18. Rep. Fay: connecting children/families to programs Help ME Grow (HMG); do we have the resources for those families to refer them to?

The HMG team uses multiple directories of services to help connect callers with needed services, these include the iCarol system of 211 Maine as well as FindHelp through MaineHealth, and AccessMaine.

An integral part of the work of HMG is identifying barriers for families who need services, as well as identifying system gaps.

HMG launched in November 2022 and OCFS expects to have more information in the coming year about what resources and needs families are presenting with.

19. Rep. Javner (2/21) / CA-1716: Provide description of why SOC positions are needed. Why is the federal grant ending and why is it not being renewed?

The SAMHSA System of Care (SOC) grant was awarded with a four-year grant period. The purpose of the grant is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED) and their families by creating sustainable infrastructure. While SAMHSA has issued a new Notice of Funding Opportunity for another System of Care grant for up to an additional four years, the new grant cannot replicate current work and must be utilized for new initiatives.

These positions are needed in order to continue and build upon the quality assurance work the SOC team has started with the goal of providing high-quality community-based services. Quality assurance of children's behavioral health services was deprioritized in the prior administration with the dismantling of the quality assurance team that previously existed within OCFS. OCFS was able to bring the positions back through the System of Care Grant to focus on supporting the grant goals and outcomes. Quality assurance of community-based providers is critical to assuring services meet the goals and requirements of 34-B M.R.S., Chapter 15.

20. Rep. Javner (2/21) / CA7717: What are court ordered diagnostic evaluations (CODE)? How many are conducted? (It would be helpful to provide context on what proportion of child welfare involved parents are evaluated.)

Court ordered diagnostic evaluation (CODE) are comprehensive psychological evaluations of parents in child protective cases. As the name implies, CODEs are court-ordered and provide a comprehensive psychological assessment to better understand a parents' mental health concerns, cognitive abilities, and parental capacity. The evaluations can include specific questions based on the facts of the case, for instance, how the parents' capacity might impact their ability to determine who is and is not safe around their children. These evaluations are analogous to those conducted by the State Forensic Service in criminal cases.

OCFS averages approximately 120 of these evaluations per year but there are currently significant limitations as there are only three trained and qualified evaluators statewide who conduct CODEs. Due to lack of capacity, there are times when a CODE would be beneficial but isn't completed, particularly since it can take months to schedule the evaluation and several weeks or even months for the evaluator to issue their report. With the proposed move of the CODE program to State Forensic Service, the rate for these evaluations is planned to be increased to align with other State Forensic Service work with qualified staff to oversee the program including providing training to prospective new evaluators. Over time, this will expand capacity and enhance the Court's and the Department's ability to utilize this tool in making decisions regarding reunification, permanency, and child safety.

21. Rep. Javner (2/21) / CA-1734: Provide summary of a safe care plan. Why are we transferring this position from CDC to OCFS? What is the benefit?

Maine implemented its *Plan of Safe Care 2021* (Phase One) process on January 1, 2021. A federal mandate, the primary goal of a *Plan of Safe Care* is deliberate attention to ensuring support for the ongoing *safety, well-being* and *best possible long-term health and developmental outcomes* for substance exposed infants, their parents and other caregivers.

Through respectful, collaborative, strengths-based conversation, Maine's Plan of Safe Care is created between a healthcare or social services provider and the mother and/or other caregivers, identifying family strengths and needs, beneficial resources and actions to best support substance exposed infants and families. A Plan of Safe Care often includes referrals to services or providing contact information to families for their own follow-up. The Plan of Safe Care nurse ensures that each substance exposed infant that is reported to OCFS has a plan of safe care created, either prenatally, at birth, or immediately following birth.

The Plan of Safe Care nurse works closely with the OCFS Medical Director and the Child Welfare Program Manager, to help ensure that all substance exposed infants receive a Plan of Safe Care. The nurse will collaborate with medical providers, community supports and partners within DHHS to support a system that provides services to infants and their caregivers who have been affected by substance use during pregnancy. The duties of this nurse position include providing education to child welfare staff and other partners about the Plan of Safe Care. The nurse will be responsible for data collection and reporting that meets federal and state requirements. Additionally, the re-alignment to OCFS provides a General Fund cost saving since a portion of the service will be covered by federal funds.

22. Rep. Gattine (2/21): Provide background on DOJ findings and how the Department's CBHS initiative address the concerns. It would be help to provide a (one-page) overview of CBHS initiatives and a link to the CBHS annual report

OPLA has provided a copy of the referenced letter to the HHS Committee; it is also linked below.

The Department of Justice (DOJ) conducted an investigation to determine Maine's children's behavioral health system's compliance with Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131–12134, as interpreted by the Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999), which requires public entities to administer services to individuals with disabilities in the most integrated setting appropriate to their needs. Following the investigation, DOJ issued finding in a June 22, 2022 letter, including its assertion that "Maine is violating the ADA by failing to provide behavioral health services to children in the most integrated setting appropriate to meet their needs." The DOJ stated that Maine unnecessarily relies on psychiatric hospitals and residential treatment facilities to provide behavioral health services, separating children from their families and communities. The findings in the DOJ include:

- Services in the behavioral health system are not available in a meaningful or timely manner
    - The network of providers is inadequate to meet the demand, especially in rural areas.
    - This forces families to seek support through police, hospitalization, crisis, and residential care.
- Maine's crisis services are understaffed and under resourced
    - Calls to the crisis line are not answered
    - Families are told no services are available
    - Crisis staff recommend families take youth to the EDs or call the police.
- Maine's Treatment Foster Care services subject young people in the child welfare system to prolonged institutionalization.

The DOJ also recognized that, "Maine can serve children with behavioral health needs in the community with reasonable modifications to its service system." The DOJ felt modifications without fundamentally altering the system could prevent unnecessary segregation for youth with behavioral health needs. Specific recommendations include:

A. Ensure access to existing community-based services
    - Maine must use evidence-based screening process to determine service needs
    - Maine must improve access to existing programs, including Home and Community-based Treatment and Assertive Community Treatment
    - Maine should offer Wraparound services timely and sustainably;
B. Address the waitlists to ensure timely services and prevent institutionalization;
C. Provide crisis services instead of law enforcement response
    - Mobile crisis services must be available, staffed by qualified clinicians, and can respond in a timely manner;
D. Allocate adequate resources to maintain a trained pool of community providers across the State, including Treatment Foster Care parents
    - Maine must invest in its community behavioral health system by recruiting, training, and maintain a pool of providers that can meet the demand
    - Includes recruiting and supporting more Treatment Foster Care parents
    - Should reinvest in a program for youth who do not have child welfare involvement, i.e., Multidimensional Treatment Foster Care;
E. Implement and support a policy requiring providers to serve eligible children and prohibit refusal of services
    - The state should implement an accountability policy requiring providers of community-based health care providers to actually serve eligible children
    - Maine must ensure that OCFS staff and third parties are knowledgeable about provider organization capabilities to prevent youth being matched with providers who are not equipped to meet their needs.

Maine's budget initiatives, many of which are described in the CBHS annual report, address multiple DOJ recommendations in the following ways:

CBHS Budget initiative	Short Description	DOJ Recommendation addressed
CA1753	Funding continues supporting BHP certification at no cost to providers and develops a marketing campaign to build awareness of the BHP role and career opportunities.	D
CA1731	Provides one-time funding to contract for Multi-dimensional Family Therapy training of 2 supervisors and 6 therapists in each of the 6 agencies identified as providers prior to the program being added to the MaineCare Benefits Manual in state fiscal year 2024-25.	D
CA1711	Funding would establish an ongoing public education campaign about mental health, the need for mental healthcare, and the availability of care. The campaign includes written materials, media presentations, and a toll-free telephone number for information, referral, and access to community-based and residential-based services, resources for care, and grievance and appeals procedures.	A, E
CA7736	Funding would establish a pilot program for Therapeutic Foster Care utilizing an evidence-based model to address the needs of system involved youth before the need for residential treatment or incarceration arises. Funding would be used to update Therapeutic Foster Care and establish Multi-dimensional Therapeutic Foster Care in Section 97 (Children's Residential Care Facilities)	A, D
CA1716	Funding would make permanent the temporary positions established under the System of Care Grant, allowing for the continuation of this important work beyond the end of the Grant including youth and family engagement and support, quality assurance work with providers, and data collection and analysis.	B, D
CA2016	Behavioral Health Assessment Process: The US Department of Justice (DOJ) recently highlighted concerns with Maine's behavioral health delivery system and recommended to come into compliance that the state adopt an evidence-based screening process to determine service needs. This process will move Maine into compliance with this request and aid in assuring youth seeking services are matched to the appropriate level of care. Children's Residential Care Facility (CRCF) Referral Process: The Department of Justice recently recommended the state review its referral management system for youth seeking treatment at multiple levels of care. Once youth are determined eligible for CRCF services, providers currently	A, B, E

	handle the referral process, limiting the data the Department has available to track CRCF referrals. This process will allow the Department to track CRCF referrals, understand the reasoning behind potential rejections of referrals, and give the Department insight into how to develop a successful "no reject, no eject" system as recommended by the Department of Justice.	
CA7123	Multi-Dimensional Therapy: Multi-Dimensional Family Therapy (MDFT) is a proven treatment that serves adolescents and young adults with substance use, delinquency, mental health, academic/vocational and emotional problems which includes at least one parent, guardian or parental figure in the treatment. This initiative is related to the Department of Justice's finding regarding children's behavioral health services. MDFT is scheduled to go into effect on January 1, 2025.	A, D
CA7118	Funding will go toward rate adjustment based on a rate study for Therapeutic Foster Care and to develop a new level of multidimensional treatment foster care service to be included in the MaineCare Benefits Manual beginning in state fiscal year 2024-25	A
CA7127	Investment in Medicaid rates to providers: a significant portion of this initiative invests in Sections 65 (Behavioral Health Services) and 28 (Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations).	A, D

It is important to note that these initiatives are not the only work being done to address the recommendations noted by the DOJ. For example, OCFS has contracted with the National Wraparound Implementation Center using HCBS FMAP funds under ARPA to receive consultation on developing the service model and to support a Center of Excellence, which will be developed via RFP, to be a training and support hub for providers. Additionally, OCFS has continued to leverage funding under ARPA to train the behavioral health workforce in evidence-based models such as the Positive Parenting Program (Triple P), Trauma-Focused Cognitive Behavioral Therapy, Research Units in Behavioral Intervention, and the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH). Lastly, in 2021 Maine was awarded a CMS grant under ARPA Section 9813 to develop a new CMS qualifying mobile crisis service. The grant and work associated to develop the new model of mobile crisis services is directly related to Recommendation #3 by the Department of Justice. Work has continued to develop the new model of care, and stakeholders have been engaged recently to review the model and discuss a funding structure with the Department's contractor Burns and Associates. This work, coupled with the budget initiatives described above, both address recommendations from DOJ as well as advance Maine's previously developed plan to improve CHBS.

23. Rep. Sachs (2/21) / CA-7731 and CA-7736: Provide more information about the year 1 activities of these CBHS initiatives

CA-7731

Multi-dimensional Family Therapy (MDFT) is a developmentally appropriate youth treatment that addresses substance use and mental health concerns with a family-centered approach. MDFT incorporates System of Care principles; is culturally informed and validated; and uses individual, family, and family-only sessions to increase protective factors and decrease risk factors, including substance use. As of today, there is not an MDFT provider available in Maine. The certification is costly and time-intensive and would be a heavy burden for any agency to implement alone. The costs to both the agency, as well as to the state and the community, significantly decrease over time. Additionally, MDFT is credited with reducing hospitalizations by 50% in Connecticut and reducing mental health emergency department visits by 81% in California.

To support the development of MDFT services in Maine, OCFS will work with MDFT International to identify six (6) agencies, across the state, to train two (2) supervisors and six (6) therapists at each agency. Training several supervisors and a cluster of therapists is critical to account for staff turnover. The $1.5 million would be used to cover the cost of training for up to 6 clinicians at each of 6 designated agencies (determined through RFA) as well as 2 supervisors per agency for a total of 48 trained staff. The funds additionally will help reimburse uninsured and family-only specific sessions that would not otherwise be coverable under MaineCare. The budget was estimated to award each of the 6 agencies participating $10,000 to cover the family-only sessions and that each agency would receive $50,000 to cover under/uninsured treatment. This up-front training and financial support would enable services that would be sustained by adding MDFT to the MaineCare Benefits Manual.

CA-7736

This initiative requests one-time funding to contract with the national purveyor of the Treatment Foster Care Oregon model to provide training and certification through SFY24 to Maine providers in order for them to be ready to provide the service when it is planned to be added to the MaineCare Benefits Manual in state fiscal year 2024-25. Treatment Foster Care Oregon is an evidenced-based mental health treatment modality in which the youth does not have to be in the foster care system. This model is significantly different than the traditional foster care treatment model. This evidence-based model is a step in the system of care for mental health treatment, which often can be utilized before residential treatment. It places children in a home with trained parents, so it is less restrictive than the Children's Residential Care Facility model but is still considered an out-of-home placement.

Research suggests that the Treatment Foster Care may:

- Prevent or reduce the number of days in institutional or residential settings;
- Prevent the escalation of delinquency, youth violence and pregnancy;
- Increase positive academic engagement;

- Reduce placement disruptions;
- Increase attachment;
- Improve brain stress regulatory systems.

This model could provide an alternative to residential placement and take pressure off of the demand for such placements.

24. Rep. Craven (2/22) / CA-7213 and CA-7214: How will this federal funding be spent? CA-7213 is $2 million and CA-7214 is $2.1 million.

The federal funds will be spent on Domestic Violence and Sexual Assault services. The $2.1m are related to COVID-19 funds awarded in the American Rescue Plan Act and the $2m is related to various grants, including but not limited to: Victim Assistance Formula (VOCA), Sexual Assault Services Program (SASP), Rape Prevention and Education Program (RPEP), and Family Violence Prevention Program and Services (FVPSA).

25. Sen. Baldacci (2/22) / CA-2016: How will this funding be used to manage referrals to children's residential care facilities?

Children's Residential Care Facility placements have historically been made through a provider-driven process where, once found eligible for the level of care, case managers make direct referrals to providers. Providers accept or reject referrals with little Department awareness or involvement. Concerns about the lack of such a referral system have been raised by families, providers, and the Department of Justice. Under this initiative, the Department would create a structured process for Children's Residential Care Facility referrals to be made and accepted through an online portal, which additionally will give the Department critical data on rejection reasons, so the Department may identify areas of need and/or technical assistance for the provider community.

26. Rep. Fredericks (2/22) / CA-2016: Provide summary of the new CBHS screening tool. Describe what this new tool has that our existing process doesn't have.

OCFS's vision for this suite of instruments starts with an independent assessor. This is a shift from current practice that is largely provider driven. The system currently relies on case managers assessing and submitting referrals to community programs based on discussions with the youth, family, and formal/informal supports. While each service has eligibility criteria, there is not a standardized instrument guiding current practice. Following those referrals, providers then conduct further assessment to determine the youth's level of need. This has resulted in youth at times being inappropriately referred for services that are not matched to meet their clinical level of need. Developing an independent assessment process will assure youth are assessed using standardized instruments and matched with the appropriate level of service based on their clinical presentation which is also sensitive to the family's situation as well. This process will assure that youth are referred to the right level of care at the right time. This will also further

aid the Department in gathering a true sense of service need in the communities which will support further workforce and service development work.

The Department has selected the following instruments for aid in determining level of care of Children's Behavioral Health services: the Early Childhood Service Intensity Instrument (ESCII) used for youth 0-5 years, the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) for adolescents 6-18 years, and the Level of Care Utilization System (LOCUS) for ages 18 and above. The instruments are supported by the American Academy of Child and Adolescent Psychiatry and the American Association for Community Psychiatry. They are developmentally informed and have been created on the foundation of a System of Care approach, embracing family-driven, youth-guided care that includes individualized strength-based and culturally sensitive service planning, supporting the use of intensive care coordination or wraparound planning teams when indicated, and providing a broad service array that includes natural supports as well as clinical services. The instruments recognize that the use of home and community-based services and natural supports can provide increased service intensity instead of other out-of-home placements.

The instruments link the results of a clinical assessment with a defined level of service intensity using a clinically derived and empirically tested algorithm. It is user-friendly, culturally informed, and supports active participation by the child and family. The instruments can be used at all stages of intervention and are designed for use in all child-serving systems, including behavioral health, physical health, education, child welfare, juvenile justice, substance use, and are designed for those providing care for populations with developmental disabilities. They are independent of diagnosis, promote effective communication between providers and systems, and support providers' engagement with the child, family, and community. More information on the instruments is available here.

27. **Rep. R Millett (2/24) Provide the net increase in residential bed capacity that will result from increased funding for hospitals/rate reform.**

Upon review the data, it is unclear what impact funding for hospitals and rate reform will have on residential bed capacity. Rate reform may support an increase in inpatient psychiatric or substance use beds, which could free up beds for others seeking residential treatment, but that relationship is difficult to predict.

28. Rep. Madigan (2/24) / CA-7123: Provide more details on Multidimensional therapy. What are we doing beyond rate increases to move the needle on Children's Behavioral Health Services?

Also see the answer to Q15.

Multi-dimensional Family Therapy (MDFT) is a developmentally appropriate youth treatment that addresses substance use and mental health concerns with a family-centered approach. MDFT

incorporates System of Care principles; is culturally informed and validated; and uses individual, family, and family-only sessions to increase protective factors and decrease risk factors, including substance use. As of today, there is not an MDFT provider available in Maine. The certification is costly and time-intensive and would be a heavy burden for any agency to implement alone. The costs to both the agency, as well as to the State and the community, significantly decrease over time. Additionally, MDFT is credited with reducing hospitalizations by 50% in Connecticut and reducing mental health emergency department visits by 81% in California.

Regarding additional work on Children's Behavioral Health Services, OCFS has outlined the overall strategy and further budget initiatives supporting CBHS in the annual report available at https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/childrens-behavioral-health-evaluation-improvement.

29. Information on pay for OCFS caseworkers, as well as information on vacancies.

OCFS provided vacancy trend information to the HHS Committee in its quarterly child welfare report:

Point in Time	Dec 2018	Dec 2019	Dec 2020	Dec 2021	Dec 2022	# Change 2018-2022	% Change 2018-2022
Total Positions	351	365	398	414	445	+94 lines	+27%
# Filled	325	347	385	383	388	+63 filled	+19%
# Vacancies	26	18	13	31	57		
% Vacancies	7.4%	4.9%	3.2%	7.5%	12.8%		

Current job postings include a pay range of $27.65 to $32.87 per hour.

30. Request for DHHS response to MSEA's recommendation that 12 cases per child services caseworker should be the standard

OCFS continues to believe that a hard and fast standard does not serve either staff or the children in state custody. In 2019, OCFS defined the terms caseload and workload to guide the Department's work. OCFS utilized the expertise of the Child Welfare League of America (CWLA) in establishing the distinction between caseload and workload and has further refined the definitions in the ensuing years.

> Caseload = Cases / Workers: The number of cases (children or families) assigned to an individual caseworker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual caseworker, all caseworkers assigned to a specific type of case, or all caseworkers in a specified area (e.g., agency or region).

Workload = (Case Counts x Time Needed to Handle Cases) / Time Available for Casework: The development of reasonable workload standards helps to guide an organization toward the establishment of caseload expectations. In order to understand how many cases a caseworker can effectively manage, one must first understand the work inherent in each case and the time necessary to complete all parts of the work, as well as any expectations which do not directly serve children and families but are required when carrying cases.

It is important to note that there are no universally accepted standards for caseload and workload among child welfare entities throughout the country. Each state has its own statute, regulations, policies, and guiding principles which impact both caseload and workload, making it nearly impossible to equate the work of child welfare staff in two different jurisdictions.

Public Health / Maine CDC

31. Sen. Baldacci (2/22) / all PHN initiatives: Provide one-page PHN overview: total positions, budget, where work is focused, etc. Rep. Graham (2/22): requested a similar PHN overview. Rep. R Millett (2/22): asked for overview including strategy for filling vacant positions, services provided by PHN, and why only one PHN posting right now. Rep. R Millett (2/22): asked for latest PHN annual report and strategic plan. Rep. Meyer (2/22): asked for update on recruitment for PHNs

Public Health Nursing Overview
Over 100 years ago the State of Maine recognized the importance of public health and established Public Health Nursing in 1920. Public Health Nurses are unique in that they care for individuals within a community. Prevention is the number one goal of public health and Public Health Nurses are the boots on the ground to ensure all residents of Maine have access to quality nursing care. Public Health Nursing (PHN) is often considered a safety net for those in the communities who may fall through the cracks or lack access to care. All Maine residents have access to Public Health Nursing services. Currently, PHN is focusing its services on Maternal Child Health, Tuberculosis, and Immunization.

Recruitment - Strategies for filling vacant positions
There are fifty-one (51) nursing positions in the Maine CDC Public Health Nursing program, including one (1) Director, four (4) PHN Supervisors, three (3) PHN Consultants, one (1) Nursing Education Consultant, seventeen (17) PH Nurse I, twenty-four (24) PH Nurse II, and one (1) PHN Educator. Currently, there are twenty-six (26) *vacant* nursing positions within PHN. Recently, the PHN bulletins were updated to recruit more nurses. Improvements included adjusting the minimum qualification language for the PHN I and PHN II positions and including the 15% recruitment and retention stipend in the total salary. These were revised to provide applicants a clear and concise way to determine if they would qualify for the position and for applicants to understand the total salary being offered. All PHN vacant positions are now posted

on the DHHS Careers website as well as on Adzuna, Indeed, and Recruit.net. Social media will add the postings to LinkedIn, Facebook, Twitter, and Instagram.

To recruit more applicants PHN Supervisors and the PHN Director are attending job fairs and visiting nursing school classes, as well as proctoring internships with several collegiate institutions. By the end of the Spring 2023 semester, forty-two (42) student nurses will have worked with PHN across the State.

Other recruitment initiatives include reviewing applications on a weekly basis instead of waiting for a certification list of eligible candidates, streamlining the interview process to contact applications sooner and having applicants complete an oral presentation as part of the initial interview.

Public Health Nursing Annual Report
PHN does not currently submit an Annual Report. A representation of accomplishments are shown below:

- Provide care and support for substance-affected babies/caregivers
- Support early childhood programs such as: Help Me Grow, MaineMOM, Plans of Safe Care
- All PHNs are now Certified Lactation Counselors and provide in-home breastfeeding support
- Provide home visits to prenatal clients, new moms and babies
- Support Safe Sleep Initiatives as a Crib for Kids distributor
- PHN's Child Passenger Safety Technicians provide car seat safety checks
- Provide childhood catch up vaccinations for families with limited access to healthcare
- Collaborate with the Childhood Lead Poisoning Prevention Program to provide home visits for children with lead exposures
- Assist with public health emergencies, including infectious disease outbreaks, natural disasters, and bioterrorism
- Provide training and education to community partners
- Hold vaccine clinics for COVID-19, flu, and other vaccine preventable diseases
- Partner with TB Control to provide treatment for active tuberculosis (TB) and latent tuberculosis clients
- Provide tuberculosis training for healthcare partners
- Partner with Schools of Nursing to host student nurses

Public Health Nursing Strategic Plan – the future of the PHN Program
Maine CDC is developing an agency-wide Strategic Plan as required for Public Health Re-accreditation. While this is in development, priorities for Public Health Nursing include:

- Continued recruitment efforts to achieve full staffing
- Enhance tuberculosis programming: training PHNs to draw blood for TB tests in the field, work with Community Health Workers in targeted areas to assist with case management and medication, update TB standing orders, streamline TB communication process
- Re-establish quarterly in-person meetings with grantee partners

- Focus on immunization "catch-up" clinics
- Implement new Electronic Health Record (Netsmart)

Public Health Nursing Budget
The budget for PHN, including community nursing contracts, is $7 million annually. The source of this funding is as follows:

- $1.6 million in Federal block grant funding
- $4.1 million in General Fund
- $1.3 million in General Fund – required maintenance of effort for the Maternal and Child Health block grant

32. Rep. Fay (2/22): Plumbing control has had lack of inspectors. Provide update.

The Subsurface Wastewater Program is aware of the shortage of licensed plumbing inspectors (LPIs) and code enforcement officers (CEOs) working in municipalities throughout the state. Currently, there are approximately 500 certified LPIs and CEOs working in Maine. About 25 municipalities are reporting that they are without a designated LPI/CEO.

The Fire Marshal's office (which certifies LPIs & CEOs) and DPFR's Plumbers Examining Board (which licenses internal plumbers and oversees the internal plumbing code) along with CDC's State Plumbing Inspector are working with vocational schools throughout the state to encourage adding into their curriculum a LPI/CEO certification class. Actions have been taken to make it easier to achieve LPI certification, including holding exam preparation seminars.

33. Rep. Shagoury (2/22): We understood that school based oral health program would be statewide by 2025. What is the status? Do we need additional funding? Has the oral health coordinator been filled yet?

School-based preventive oral health services include oral screening, fluoride varnish application, educational programs, and care coordination with a dental provider (twice a year). According to the DOE website, there are currently 707 schools (private and public) operating in Maine. Of those, 219 schools have enrolled in a school-based oral health program. School-based oral health services have been added to 30 new schools in FY2023 to date.

Additional funding would be needed to implement this program statewide in addition to the already appropriated $191,700 general fund allocation for FY22-23. The Department is finalizing the funding estimate.

The oral health coordinator position is currently posted.

34. Sen. Rotundo (2/22) / CA-7951 and generally: Provide overview of Drinking Water Program and what it does, annual funding, source of funding, projects, etc.

The Maine CDC Drinking Water Program (DWP) works to ensure safe drinking water in Maine, to protect public health, by administering and enforcing drinking water and subsurface wastewater regulations, providing education and technical and financial assistance.

The DWP was created by the Maine Legislature through Maine's *Water for Human Consumption Act* (Title 22, Chapter 601) to ensure that public drinking water systems in Maine are protected, treated, monitored, and well managed. The DWP is responsible for overseeing public water systems throughout Maine, administering the *Maine Rules Relating to Drinking Water* (10-144 Code of Maine Regulations, Chapter 231). Examples of public water systems include municipal water utilities, mobile home parks, nursing homes, schools, factories, restaurants, and campgrounds. The DWP works with approximately 1,900 public water systems to help ensure that they provide safe, secure, and reliable drinking water to the over 750,000 people across Maine who access public water at their homes and all Maine people who use public spaces.

The DWP consists of forty-seven (47) positions and is organized into three teams: Engineering and Water Resources, Data Management and Program Support, and Public Water System Inspection. These teams work together to accomplish the following:

- Inspect, monitor, and approve treatment and operations at Maine's approximately 1900 public water systems, reporting compliance data and enforcement activities to the US Environmental Protection Agency.
- Administer the Drinking Water State Revolving Fund (DWSRF) to identify and provide financial assistance in the form of low interest loans and principal forgiveness for drinking water infrastructure projects in Maine, including those that address emerging contaminants and lead in drinking water. The DWSRF has provided $350 million toward these projects since its inception in 1997.
- Oversee subsurface sewage disposal systems, including the licensing of persons to evaluate soils for subsurface wastewater disposal systems, and inspection of plumbing and subsurface wastewater disposal systems.
- Certify all Maine laboratories for drinking water and wastewater analysis to ensure the accuracy of testing. Also certify all cannabis testing facilities in the State.
- Other miscellaneous tasks involving aspects of cemetery, crematorium and public swimming pool regulation.

The budget for the DWP, not including direct assistance to Public Water Systems and partner agencies providing technical assistance, is $3.9 million annually.

In addition to the DWP's operating budget, staff oversaw $52 million in low interest loans and principal forgiveness through the DWSRF, as well as $9M in American Rescue Plan Act (ARPA) grant funds for drinking water infrastructure projects in State Fiscal Year 2022. Funding from the Bipartisan Infrastructure Law has supplemented this funding and will continue through SFY 2026.

35. Rep. Craven (2/24): Provide data related to how many people request services for gambling addition related to Gambling program transfer from OBH

In FY 2022, 95 problem gambling intakes were processed through the 211 helpline, which is up 30 from the prior year, however, that is only a part of the equation. For example, Maine CDC contracts with AdCare, and they, in conjunction with the Maine Council on Problem Gambling, also offer workforce development opportunities for providers on identifying and treating problem gambling. The Annual Report of the Gambling Addiction Prevention and Treatment Fund will be available to the Committee soon.

Public Assistance / Office of Family Independence (OFI)

36. Sen. Baldacci (2/22): Provide overview of SNAP program changes (e.g., increase in pandemic benefits; average loss, etc)

SNAP Program changes implemented due to the public health emergency include:

- Waiving face-to-face interviews for SNAP quality control activities.
- Waiving eligibility interviews at application and recertification, except in certain circumstances.
- Began usage of telephonic signatures for applications and renewals.
- Emergency maximum allotments issued each month beginning in April 2020 through February 2023 (months of issuance). Each household, regardless of income, received the maximum allotment that a household of their size could possibly receive. The average supplemental amount per person in Maine was $109 according to Center on Budget and Policy Priorities.
- Pandemic Electronic Benefit Transfer (P-EBT) has been issued to provide nutrition supports for child-care-age and school-age children to supplement needs while unable to attend school and child care where food is normally provided.

See also, on OFI's website: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/OFI-Summary-COVID-19-Changes%2001.11.23.pdf

37. Sen. Baldacci (2/22): Is the Department required to confirm citizenship/immigration status during eligibility determination for MaineCare?

Yes, the agency must verify declarations of citizenship or satisfactory immigration status through electronic data sources per 42 CFR 435.956(a).

Adult Mental Health / Substance Use Disorder / Office of Behavioral Health (OBH)

38. Rep. R Millett (2/24): Provide link to LD 1262 report. How does the plan align to deployment of resources and the FY24-25 biennial budget?

The Comprehensive Behavioral Health Plan for Maine builds upon prior strategic plans and describes the activities that DHHS has undertaken to strengthen the behavioral health system of care to continue to meet the significant and changes needs of Maine residents. The plan articulates both current activities that are being implemented and future planned activities that are currently funded through existing resources such as previously approved budgets, existing federal grants and other existing special revenue sources. Investments and ongoing funding in the FY24/25 proposed biennial budget, such as significant investments in children's and adult behavioral health reimbursement rates and the funding for continued SUD response and OPTIONS Liaisons align with the goals and strategies in the plan.

The Comprehensive Behavioral Health Plan for Maine is available online: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20LD1262%20FINAL%20Report.pdf

39. Rep. Craven (2/24): Why is there funding available in the BRAP account?

The Bridging Rental Assistance Program (BRAP) account is a carrying account because of variability in need and housing costs. Not all funding is spent every year and thus some funding accumulates in the carrying account over time.

The federal government provided COVID Emergency Rental Assistance (ERA) funds, which lowered the demand for BRAP vouchers during the pandemic. Now that the ERA funds are sunsetting, we expect BRAP awards to return to pre-pandemic levels.

40. Rep. Javner (2/24): What is the balance in the Prevention and Treatment Fund?

The balance in the Opioid Prevention & Treatment Fund is $5.94 million, with $5.2 million from the Fund obligated or set to support SUD service delivery categories including prevention, treatment, harm reduction, and recovery services.

41. Sen. Moore (2/24) / CA-1901: Provide overview of what we are spending SUD funding on currently, such as MAT, naloxone, OPTIONS, and peer centers. In the Governor's State of the Budget, she talked about increasing Naloxone availability by 25%, doubling the OPTIONS team and building on expanded substance use treatment beds by adding 140 residential treatment beds and detox beds. The question is what are we currently spending on each of these items and how much is in the budget for each of the items? Additionally, this initiative mentions medication assisted treatment programs and peer-

run recovery centers. What are we currently spending on each of the items and how much is in the budget for each of these items?

Budget Initiative CA-1901: This Budget Initiative seeks an increase in the SUD General Fund baseline appropriation to help meet the ongoing and unprecedented demands of Maine's intensifying opioid crisis across the SUD system of care. This includes overdose prevention, recovery support and services as well as substance use treatment.

Governor's State of the Budget Initiatives: In the State of Budget address, the Governor announced additional initiatives to support our overdose response and to expand access to SUD treatment and services this includes:

- Increasing Naloxone Distribution by 25%. This one-time boost of $750,000 will be funded by the Opioid Prevention & Treatment Fund.
- Expanding the OPTIONS Liaisons from 16 to 32. This doubling of the program at an ongoing cost of $1.5 million per year will be funded by the Office of the Attorney General's Opioid Settlement Fund for two years.
- Expanding SUD residential treatment beds. This one-time cost of $2,000,000 will be funded from the SUD UBF account.

Current Spending & Budget for SUD Initiatives: SUD spending has increased significantly over time but SUD GF has remained largely flat. This initiative requests a baseline increase. Below are the requested examples of SUD spending:

Initiative	**FY23**	**FY24**
Naloxone Distribution	In SFY23, the SUD General Fund is about $225,000 of total expenditures of $3.4 million; the balance of funding is from federal grants administered by the Office of Behavioral Health.	In SFY24, the SUD General Fund's contribution is estimated to increase to meet community needs and increase distribution of Naloxone
OPTIONS Program	In SFY23, the SUD General Fund is $600,000 of total expenditures of $2.3 million; the remaining balance is funded primarily from other one-time sources (federal grants and one-time FHM)	In SFY24, the SUD General Fund is increasing to $1.3 million since other sources are ending, thus requiring an increase to the SUD General Fund baseline budget
SUD Residential Treatment Beds	In SFY23, the SUD General Fund is $4.2 of total SUD Residential Treatment Services expenditures of $5.6 million; the balance is funded by a federal grant FHM	In SFY24, with 70+ new beds coming on online, the SUD General Fund increasing
MAT	In SFY23, the Office of Behavioral Health provided $5 million to MAT providers, of which $1.5 million came from the SUD General Fund with the	In SFY24, in order to sustain MAT services, additional General Fund is needed, particularly to offset one-time federal sources coming to an end

	balance from federal grants, including some that are sunsetting	
SUD Peer Run Recovery Centers	In SFY23, the Office of Behavioral Health provided $2 million in funding to SUD Peer Run Recovery Center providers, the majority of which came from SUD General Fund	In SFY24 it is estimated that the SUD General Fund will fund the entire program.

42. Rep. Fay (2/24): How does MaineCare funding, OBH state contracts, and DOC contracts work to support SUD activities?

MaineCare pays for service delivery to eligible MaineCare members. OBH supports SUD clients who are uninsured and SUD services that are not covered by MaineCare, including those provided in jail settings, harm reduction services (e.g., OPTIONS, Naloxone distribution), recovery services, and other programs. DOC would need to respond to their contractual activities.

43. Sen. Baldacci (2/24): Provide information related to PTP fund including how it's been used, whether it's been helpful or not?

LD 1994 was passed in 2022 and established annual funding of $160,000 to reimburse legal costs incurred by private entities to initiate a Progressive Treatment Program (PTP). OBH developed a mechanism to facilitate reimbursement to providers. A broad communication to was sent to providers and program advocates in October 2022. At this time, no providers have sought reimbursement or to establish a contract. OBH is continuing to work to add providers to our listserv to ensure that as many providers as possible get the appropriate communication and that the procurement mechanism can be as smooth as possible to gain more interest from the community.

Dorothea Dix Psychiatric Center

44. Sen. Baldacci (2/24): Provide concise overview of DDPC operations, including: number of inpatient beds, total staffing positions, total vacancies. Is it true that there are fewer beds than now than in the past; Provide information on how to increase inpatient capacity. Rep. Madigan (2/24) asked how staffing has changed over time

As January 2023, Dorothea Dix Psychiatric Hospital (DDPC) has 67 staffed inpatient beds and an average census of 49 patients. This average census was 26 in January 2022, 32 in January 2021, and for perspective, was 61 of 64 licensed beds in 2011. Staffing challenges have limited filling beds, although trends are improving. In February, DDPC had 31 vacancies in its 253 budgeted positions. Most of these positions are for nurses and mental health workers. This number is less than the 48 vacancies in February 2022. DDPC, like Riverview Psychiatric Center, deploys a robust set of activities to recruit and train workers.

Psychiatric care has changed dramatically since the facility first opened in 1901, as have the types of patients it services. For the past several decades, it has served Maine as an inpatient psychiatric center with an outpatient unit. Hospital level of care is highly regulated by both CMS and hospital licensing; meeting it is a pre-requisite for both certification and Medicare and Medicaid funding. Through the 1980s, DDPC had a broader purpose of providing residential care for people who do not meet the federal standards for inpatient psychiatric care; thus, its census was significantly higher. Evidence has shown that the quality of life and care for individuals with mental illness is better in home- and community-setting rather than large congregate residential care facilities. For these reasons, along with DDPC's commitment to serve individuals in the least restrictive setting possible, the Department proposes in the biennial budget to expand DDPC's outpatient services while continuing to maintain its inpatient capacity.

At this time, DDPC's ability to continuously admit patients alongside active and safe discharge protocols, including safe housing, has supported patients returning to their homes and their lives. The Department appreciates and shares concerns about people who are unsheltered; a subset of these individuals meets criteria for DDPC's psychiatric services.

Please see the DDPC orientation slide deck provided to the HHS Committee for additional information about the hospital and its operations.

45. Sen Baldacci (2/24): Provide Department response regarding DDPC testimony on staffing

The overall average length of stay for patients at DDPC for calendar year 2022 was 118 days. DDPC has been able to actively recruit and retain staff and had to utilize several travel nurses during the heightened period of the pandemic. However, it has been able to decrease its use in half pending the filling of some RN vacancies. All the current travel nurses at DDPC have completed multiple assignments with the hospital and are familiar with staff and patients.

Other Requests

46. Rep. S. Millett (2/21): Provide headcount summary. Rep. Javner (2/22): summary of positions including how many filled, how many unfilled, how long they've been listed as advertised

Position and vacancy data, outlined below, were provided by DAFS

- Positions/vacancies by Fund by Department
- Vacancy rates by Department
- List of vacant positions by Department

DHHS FY24-25 biennial budget headcount summary; the total request is 88.5 new positions:

	New permanent legislative headcount	LPPs proposed to be made permanent
CDC	3.5	3
CO	1	1
DDPC	4	-
DLC	8	-
OADS	12	-
OBH	4	3
OCFS	13	5
OFI	8	10
OHIM	3	-
OMS	4	6
RPC	-	-

47. Rep. S. Millett (2/21): Provide FY22-23 baseline compared to FY24-25 baseline for MaineCare to see major investments by initiatives

OFPR provided information responsive to this request; if additional information is requested, please inform the Department.

48. Rep. Blier (2/22) / CA-1646: There are a lot of reorgs in this budget. Provide the job responsibilities are for each classification in this initiative.

This is the BHR link to all job classifications: https://apps.web.maine.gov/cgi-bin/bhrsalary/jobs.pl.

Current: Office Associate II - This is a classification in the Office & Administrative Support Job Family which provides office and administrative support to an agency, program, or operational unit requiring operation of office equipment and knowledge of office processes and diverse clerical functions. This job family is distinguished by its contributory role in meeting operational, production, and/or processing needs. This is office and administrative support work

performing complex, varied office support tasks often requiring established skill sets which include a solid knowledge of modern office practices and office equipment necessary to perform divergent clerical functions. Responsibilities require independent decision-making on the appropriate processes to follow, information to process, and actions to take in accordance with standard procedures.

Proposed: Office Specialist I - This is a classification in the Office & Administrative Support Job Family which provides office and administrative support to an agency, program, or operational unit requiring operation of office equipment and knowledge of office processes and diverse clerical functions. This job family is distinguished by its contributory role in meeting operational, production, and/or processing needs. This is advanced office and administrative support work providing assistance to an agency and/or the public requiring advanced office and administrative support services requiring a proficient knowledge of modern office practices and office equipment necessary to perform diverse administrative functions. Responsibilities require using independent judgment, initiative, and discretion to make determinations on varied matters.

49. Rep. Fredericks (2/22) / CA-1215 but also all OIT initiatives in general: Provide description of OIT funding requirement.

The Department of Administrative and Financial Services develops, delivers, and maintains centralized government systems that support the financial, human resource, physical and technological infrastructure of state government. Centralized Services Internal Service Funds include:

MaineIT is responsible for the delivery of safe, secure, and high-performing networks and systems to State Agencies for daily performance of their missions for the citizens of Maine. IT enterprise functions benefitting all state agencies are managed through this office to ensure consistency, volume discount efficiencies, and optimum performance and throughput.

MaineIT expenses are higher due to negotiated and benefit changes to Personal Services as well as increases in operational costs, including vendor increases, supply chain costs, and network and systems modernization and upgrades. This recoupment process results in increased billing rates to departments and agencies. DHHS is required to reimburse all costs incurred by MaineIT on behalf of the agency, whether it is budgeted for, or not. Funding sources for the reimbursement for these services depends on which office/program the service is benefitting.

Note that separate attachments show all state-wide Maine IT budget initiatives (as well as all OAG requests as well).

50. Rep. S Millett (2/22) UBF lapse language: Provide UBF balances AND Ducharme (2/24) Provide UBF balances

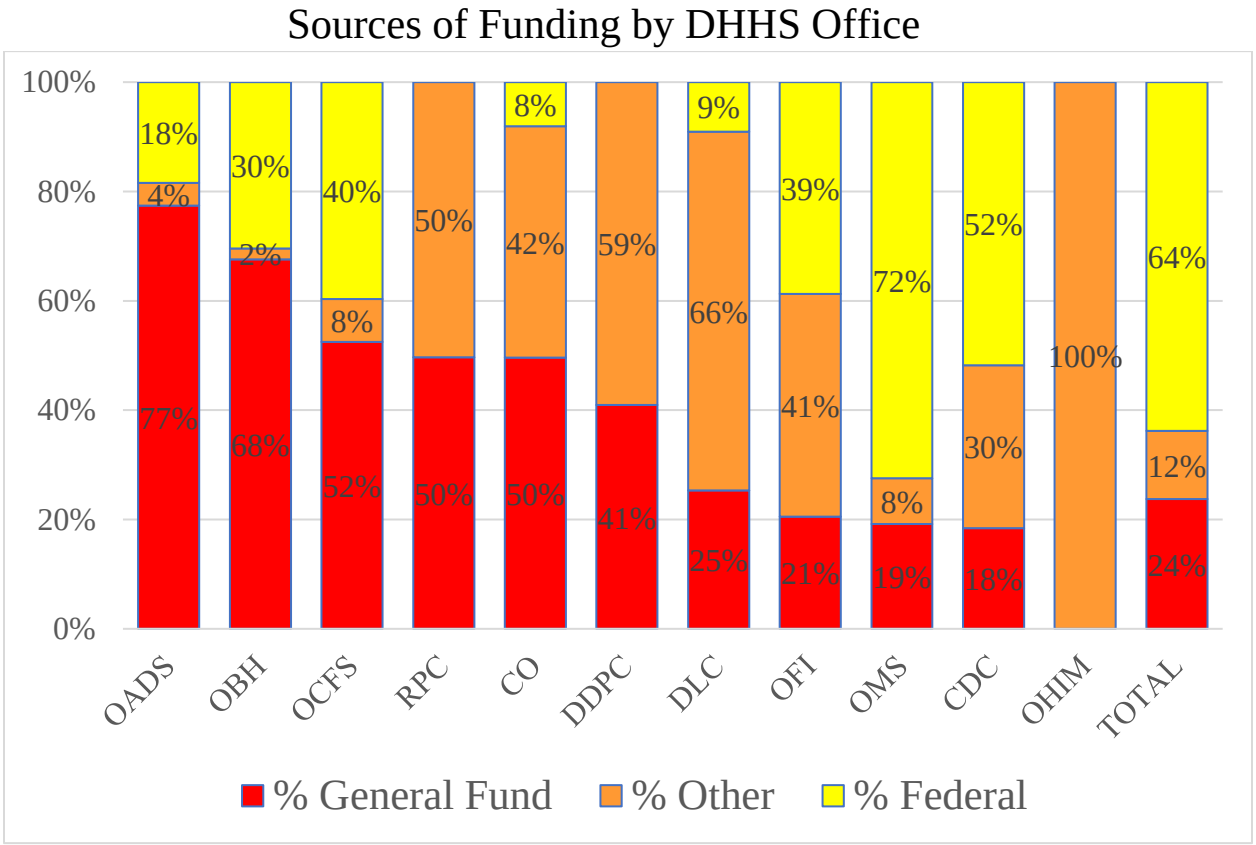
Please see separate UBF attachment.

51. Rep. Zager (2/22): Provide overview of costs associated with a state line position.

Costs associated with a state position include retirement, which varies depending on the type of position, are calculated based on a percentage of state salary. A state line also includes the state's portion of the health and dental insurance, as well as worker's compensation and life insurance. Health insurance is a set amount per 24 pay periods based on an employee's salary: the three categories are: under $30K, greater than $30K but less than $80K and greater than $80K. Dental insurance is set at the same amount for all employees at a monthly amount. Worker's Compensation is an annual amount for all employees. Life insurance is based on the amount of coverage selected multiplied by a set rate per every thousand dollars of salary, in SFY23 it is $0.42. The "All Other" portion of the state line includes travel, employee training, technology and supplies. The "All Other" rate for SFY 2023 is $6,537.

52. Rep. Graham (2/22): Provide overview of funding sources for DHHS office (e.g., federal versus state).

The following table is from the presentation that Commissioner Lambrew and Deputy Commissioner Mann provided to the Appropriations and Financial Affairs Committee on January 31, 2023.



53. List of section/service numbers and what they include

MaineCare Funded Services (Accesses Federal Match)	
Section	**Services** - *notes*
Section 2	Adult Family Services
Section 3	Ambulatory Care
Section 4	Ambulatory Surgical Center Services
Section 5	Ambulance Services
Section 7	Free-standing Dialysis Services
Section 9	Indian Health Services
Section 12	Consumer Directed Attendant Services
Section 13	Target Case Management Services
Section 14	Advanced Practice Registered Nursing Services
Section 15	Chiropractic Services
Section 17	Community Support Services
Section 18	Home and Community-Based Services for Adults with Brain Injury
Section 19	Home and Community-Based Benefits for the Elderly and Adults with Disabilities
Section 20	Home and Community Based Services for Adults with Other Related Conditions
Section 21	Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder
Section 23	Developmental and Behavioral Clinic Services
Section 25	Dental Services and Reimbursement
Section 26	Day Health Services
Section 28	Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations
Section 29	Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder
Section 30	Family Planning Agency Services
Section 31	Federally Qualified Health Center Services
Section 40	Home Health Services
Section 43	Hospice Services
Section 45	Hospital Services
Section 46	Psychiatric Hospital Services
Section 50	ICF-MR Services - *now referred to as ICF-IDD*
Section 55	Laboratory Services
Section 60	Medical Supplies and Durable Medical Equipment
Section 65	Behavioral Health Services - *includes children's services*
Section 67	Nursing Facilities Services
Section 68	Occupational Therapy Services
Section 90	Physical Therapy Services
Section 91	Health Home Services – Community Care Teams
Section 92	Behavioral Health Home Services
Section 93	Opioid Health Home Services
Section 94	Early and Periodic Screening, Diagnosis and Treatment Services
Section 95	Podiatric Services

Section 96	Private Duty Nursing and Personal Care Services
Section 97	Private Non-Medical Institution Services
Section 101	Medical Imaging Services
Section 102	Rehabilitative Services
Section 103	Rural Health Clinic Services
Section 107	Psychiatric Residential Treatment Facility Services
Section 109	Speech and Hearing Services
Section 113	Non-Emergency Transportation (NET) Services

OADS State-Funded Services (General Fund)	
Reference	**Services**
Section 62	Independent Housing Services Program
Section 63 & Chap. 11	In Home and Community Supports (merger of these 2 programs in progress)
Section 61	Adult Day Services
Section 65	Nutrition Services
Section 68	Respite Care Services for Adults with Alzheimer's Disease or Related Disorders
Section 69	Independent Support Services (“Homemaker”)

Behavioral Health Rate Changes

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 13	Targeted Case Management	Case Management Services for Adults with Developmental Disabilities		$24.55	15 min.		6.6%
Section 17	Community Integration	Comprehensive Community Support Services (Community Integration Services)		$24.74	15 min.		10.8%
Section 17	Community Rehabilitation Services	Psychosocial Rehabilitation Service (Community Rehabilitation Services)		$114.68	Day		44.0%
Section 17	Skills Development, One-to-One	Skills Training and Development (Skills Development Services)		$22.23	15 min.		70.3%
Section 17	Skills Development, Group	Skills Training and Development (Skills Development Services)		$7.49	15 min.		129.8%
Section 17	Daily Living Support Services	Psychosocial Rehabilitation (Daily Living Support Services)		$17.76	15 min.		113.5%
Section 17	Day Support Services	Behavioral Health Day Treatment (Day Support Services)		$23.78	Hour		48.0%
Section 17	Assertive Community Treatment	Assertive Community Treatment		$494.06	Week	Y	N/A: unit change
Section 28	Children's Rehab. and Community Support	Home and Community, One-to-One (BHP)		$20.60	15 min.		86.3%
Section 28	Children's Rehab. and Community Support	Home and Community, 2 person group (BHP)		$11.23	15 min.		101.3%
Section 28	Children's Rehab. and Community Support	Home and Community, 3 person group (BHP)		$8.00	15 min.		108.3%
Section 28	Children's Rehab. and Community Support	Home and Community, 4 person group (BHP)		$6.48	15 min.		118.2%
Section 28	Children's Rehab. and Community Support	School-Related, One-to-One (BHP)		$17.43	15 min.		57.6%
Section 28	Children's Rehab. and Community Support	School-Related, 2 person group (BHP)		$9.63	15 min.		72.6%
Section 28	Children's Rehab. and Community Support	School-Related, 3 person group (BHP)		$6.80	15 min.		77.1%
Section 28	Children's Rehab. and Community Support	School-Related, 4 person group (BHP)		$5.41	15 min.		82.2%
Section 28	Children's Rehab. and Community Support	School-Related, One-to-One (BHP) - SPT Exempt		$16.44	15 min.		48.6%
Section 28	Children's Rehab. and Community Support	School-Related, 2 person group (BHP) - SPT Exempt		$9.09	15 min.		62.9%
Section 28	Children's Rehab. and Community Support	School-Related, 3 person group (BHP) - SPT Exempt		$6.41	15 min.		66.9%
Section 28	Children's Rehab. and Community Support	School-Related, 4 person group (BHP) - SPT Exempt		$5.11	15 min.		72.1%
Section 28	Specialized Children's Habilitative Services	Specialized Home and Community, One-to-One		$27.97	15 min.		82.7%

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 28	Specialized Children's Habilitative Services	Specialized Home and Community, 2 person group		$15.24	15 min.		96.9%
Section 28	Specialized Children's Habilitative Services	Specialized Home and Community, 3 person group		$10.86	15 min.		104.9%
Section 28	Specialized Children's Habilitative Services	Specialized Home and Community, 4 person group		$8.79	15 min.		114.4%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, One-to-One - SPT Exempt		$22.20	15 min.		45.0%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 2 person group - SPT Exempt		$12.27	15 min.		58.5%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 3 person group - SPT Exempt		$8.66	15 min.		63.4%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 4 person group - SPT Exempt		$6.90	15 min.		68.3%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, One-to-One		$23.53	15 min.		53.7%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 2 person group		$13.01	15 min.		68.1%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 3 person group		$9.18	15 min.		73.2%
Section 28	Specialized Children's Habilitative Services	Specialized School-Related, 4 person group		$7.31	15 min.		78.3%
Section 28	Children's Rehab. and Community Support, BCBA	BCBA School-Related Services - SPT Exempt		$22.47	15 min.		29.0%
Section 28	Children's Rehab. and Community Support, BCBA	BCBA Services (Community Based Wrap Around Services)		$23.82	15 min.		36.7%
Section 65	Children's Behavioral Health Day Treatment	BHP, One-to-One - School		$17.26	15 min.	Y	10.1%
Section 65	Children's Behavioral Health Day Treatment	BHP, Group of 2 - School		$9.54	15 min.	Y	21.6%
Section 65	Children's Behavioral Health Day Treatment	BHP, Group of 3 - School		$6.73	15 min.	Y	28.8%
Section 65	Children's Behavioral Health Day Treatment	BHP, Group of 4 - School		$5.36	15 min.	Y	36.7%
Section 65	Children's Behavioral Health Day Treatment	Master's, One-to-One - School	Y	$25.43	15 min.	Y	0.0%

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 65	Children's Behavioral Health Day Treatment	Master's, Group of 2 - School		$12.85	15 min.	Y	1.1%
Section 65	Children's Behavioral Health Day Treatment	Master's, Group of 3 - School		$9.07	15 min.	Y	7.2%
Section 65	Children's Behavioral Health Day Treatment	Master's, Group of 4 - School		$7.22	15 min.	Y	13.6%
Section 65	Outpatient Therapy	Psychologist, One-to-One - Office		$31.75	15 min.		41.2%
Section 65	Outpatient Therapy	Psychologist, Group - Office		$10.34	15 min.		84.0%
Section 65	Outpatient Therapy	LCSW/ LCPC/ LMFT/ APRN, One-to-One - Office		$25.73	15 min.		14.5%
Section 65	Outpatient Therapy	LCSW/ LCPC/ LMFT/ APRN, Group - Office		$8.41	15 min.		49.6%
Section 65	Outpatient Therapy	Deaf, One-to-One - Office		$33.27	15 min.		1.1%
Section 65	Outpatient Therapy	LADC, One-to-One - Office		$23.81	15 min.		11.2%
Section 65	Outpatient Therapy	LADC, Group - Office		$10.39	15 min.		7.9%
Section 65	Outpatient Therapy	CADC, One-to-One - Office		$19.75	15 min.		27.3%
Section 65	Outpatient Therapy	CADC, Group - Office		$8.65	15 min.		15.5%
Section 65	Outpatient Therapy	Psychologist - Community		$38.37	15 min.		62.9%
Section 65	Outpatient Therapy	LCSW/ LCPC/ LMFT/ APRN - Community		$31.26	15 min.		39.1%
Section 65	Outpatient Therapy	Deaf - Community		$40.17	15 min.		22.0%
Section 65	Outpatient Therapy	LADC - Community		$28.99	15 min.		35.4%
Section 65	Outpatient Therapy	CADC - Community		$24.20	15 min.		55.9%
Section 65	Comprehensive Assessment	Psychologist -Office		$31.75	15 min.		41.2%
Section 65	Comprehensive Assessment	LCSW/ LCPC/ LMFT/ APRN - Office		$25.73	15 min.		14.5%
Section 65	Comprehensive Assessment	Deaf Office		$33.27	15 min.		1.1%
Section 65	Comprehensive Assessment	LADC Office		$23.81	15 min.		11.2%
Section 65	Comprehensive Assessment	CADC Office		$19.75	15 min.		27.3%
Section 65	Comprehensive Assessment	Psychologist - Community		$38.37	15 min.		62.9%
Section 65	Comprehensive Assessment	LCSW/ LCPC/ LMFT/ APRN - Community		$31.26	15 min.		39.1%
Section 65	Comprehensive Assessment	Deaf - Community		$40.17	15 min.		22.0%
Section 65	Comprehensive Assessment	LADC - Community		$28.99	15 min.		35.4%
Section 65	Comprehensive Assessment	CADC - Community		$24.20	15 min.		55.9%
Section 65	Medication Management, Phys Asst/Nurse Prac.	Adult Services and Suboxone Services	Y	$82.64	15 min.		0.0%
Section 65	Medication Management, Phys Asst/Nurse Prac.	Children's Services	Y	$94.46	15 min.		0.0%

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 65	Medication Management, Physician	Adult Services and Suboxone Services	Y	$82.64	15 min.		0.0%
Section 65	Medication Management, Physician	Children's Services	Y	$94.46	15 min.		0.0%
Section 65	Medication-Assisted Treatment with Methadone	Opioid Treatment Program Services		$171.30	Week		48.4%
Section 65	Neuropsychological and Psychological Testing, Physician/Psychologist			$112.32	Hour		32.5%
Section 65	Neuropsychological and Psychological Testing, Psychological Examiner	Neuropsychological and Psychological testing-Psychological Examiner (interpretation and report, administered by a technician, face-to-face) – First 30 Minutes		$36.73	30 min.		36.6%
Section 65	Neuropsychological and Psychological Testing, Psychological Examiner	Neuropsychological and Psychological testing-Psychological Examiner (interpretation and report, administered by a technician, face-to-face) – Each Additional 30 Minutes		$36.73	30 min.		36.6%
Section 65	Adaptive Assessments	Adaptive Assessment – First Hour	Y	$88.87	Hour		0.0%
Section 65	Adaptive Assessments	Adaptive Assessment – Each Add. 30 min	Y	$44.44	30 min.		0.0%
Section 65	Specialized Group Services	Wellness Recovery Action Planning (WRAP) and Recovery Workbook Group		$106.49	Session	Y	N/A: unit change
Section 65	Specialized Group Services	Trauma Recovery and Empowerment Group (TREM)		$87.91	Session	Y	N/A: unit change
Section 65	Specialized Group Services	Dialectical Behavior Therapy (DBT)		$118.89	Session	Y	N/A: unit change
Section 65	Children's HCT	Master's Clinician (H2021 HO) , BHP (H2021 HN), and Collateral Contacts (G9007 HO and G9007 HN)		$817.20	Week	Y	N/A: unit change
Section 65	Children's Assertive Community Treatment			$592.24	Week	Y	6.3%
Section 65	Mental Health Psychosocial Clubhouse Services			$7.31	15 min.		15.5%
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P 1:1 - Bachelor's		$127.78	Session	Y	N/A: unit change

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 2-4 members - Bachelor's		$95.01	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 5-7 members - Bachelor's		$49.15	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 8+ members - Bachelor's		$33.86	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P 1:1 - Master's		$149.52	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 2-4 members -Master's		$110.64	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 5-7 members - Master's		$56.95	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Triple P – Group 8+ members - Master's		$39.06	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Incredible Years – Group 2-4 members		$110.64	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Incredible Years – Group 5-7 members		$56.95	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Incredible Years – Group 8+ members		$46.76	Session	Y	N/A: unit change
Section 65	Behavioral Therapies for Disruptive Behavior Disorders	Parent-Child Interaction Therapy (PCIT) 1:1		$28.07	15 min.		11.7%
Section 65	Multisystemic Therapy			$706.56	Week		17.6%
Section 65	Multisystemic Therapy - Problem Sexualized Behavior			$898.93	Week		15.8%
Section 65	Functional Family Therapy			$371.57	Week		22.9%

Section	Service	Service Description	Rate Study Recommended change NOT happening due to MOE	Final Rate to be Implemented	Final Unit	Billing Unit Change	Percent Increase
Section 65	Outpatient Therapy	Trauma-Focused Cognitive Behavioral Therapy - Office		$31.81	15 min.		16.9%
Section 65	Outpatient Therapy	Trauma-Focused Cognitive Behavioral Therapy - Community		$38.55	15 min.		41.7%
Section 65	Crisis - Residential	Aroostook MH Services		$676.78	Day		14.8%
Section 65	Crisis - Residential	CH&CS		$676.78	Day		38.8%
Section 65	Crisis - Residential	Crisis and Counseling Centers		$676.78	Day		23.9%
Section 65	Crisis - Residential	Maine Health - Beach St.		$676.78	Day		64.6%
Section 65	Crisis - Residential	Oxford County Mental Health Services		$676.78	Day		64.6%
Section 65	Crisis - Residential	Sweetser		$676.78	Day		39.9%
Section 65	Crisis - Residential	The Opportunity Alliance		$676.78	Day		32.4%
Section 65	Crisis - Residential	Aroostook MH Services - Children (inc Calais location)		$676.78	Day		37.5%
Section 65	Crisis - Residential	CH&CS - Children		$676.78	Day		52.6%
Section 65	Crisis - Residential	Crisis and Counseling Centers - Children		$676.78	Day		16.5%
Section 65	Crisis - Residential	Sweetser - Children		$676.78	Day		22.7%
Section 65	Crisis (Mobile)	Crisis Resolution	Y	$61.82	15 min.		0.0%
Section 65	Crisis (Mobile Children)	Crisis Resolution - Children	Y	$61.82	15 min.		0.0%
Section 65	Intensive Outpatient Program Services	Substance Use		$208.72			8.2%
Section 65	Tobacco Cessation Treatment Services	Smoking and Tobacco Cessation Counseling; individual, intermediate		$10.20			9.9%
Section 65	Tobacco Cessation Treatment Services	Smoking and Tobacco Cessation Counseling; individual, intensive		$19.12			6.2%
Section 92	Behavioral Health Home - Adult			$558.31	Month		34.9%
Section 92	Behavioral Health Home - Children			$625.18	Month		51.1%

MaineMOM

Integrated Substance Use Treatment and Maternal Health Care

MaineMOM is a 5-year project led by MaineCare and funded through a cooperative agreement with the Center for Medicare and Medicaid Innovation. This project will add over $5 million, dedicated staff positions, and stipends for community partners to collaboratively develop a system of care for pregnant women with Opioid Use Disorder (OUD). This initiative is focused primarily on women covered by MaineCare (Medicaid).

Why?

Maine has been one of the states hardest hit by the opioid epidemic and has one of the highest rates, 7%, of infants born substance exposed.

MaineMOM will connect pregnant and postpartum people on MaineCare with treatment and community supports to aid in their recover and improve outcomes for both the mother and child.

Enrolling in MaineMOM

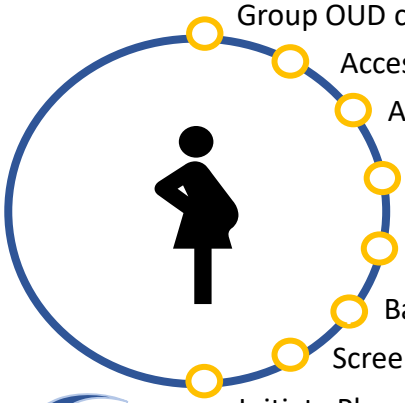
A "no-wrong-door" approach will welcome eligible individuals to the model regardless of their entry point into the system.

Visit MaineMOM.org to identify and contact local healthcare offices providing MaineMOM services to pregnant and postpartum individuals living with opioid use disorder.

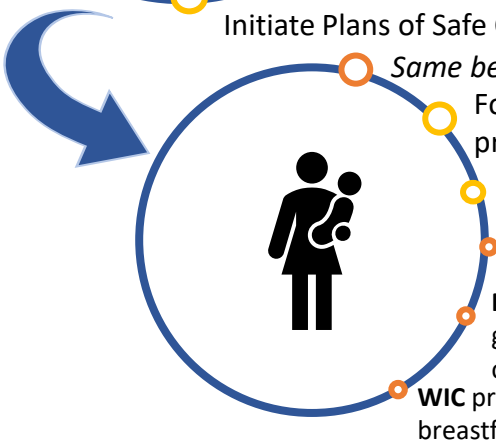
Call 1-888-644-1130 to connect with a MaineMOM coordinator to provide a warm hand-off, when possible, to a MaineMOM provider.

Maine's Department of Health and Human Services will provide a public awareness campaign and connect with providers along the health and social services spectrum to inform them of available services. This campaign will expedite access to care, including Medication for Addiction Treatment (MAT), with an aim to reduce stigma for this population.

MaineMOM Services



- Group OUD counseling and peer support services
- Access to maternity care
- Access to evidence-based MAT
- Connections to a pediatric provider, WIC, and home visiting staff during the prenatal period
- Early family planning counseling
- Baby-friendly sessions
- Screening for health-related social needs
- Initiate Plans of Safe Care for mom and infant



- *Same benefits as prenatal period*
- Focus on infant and mother well-being and preventive care milestones
- *Ongoing referrals to…*
  - **Public Health Nursing** to provide parenting education and monitor infant development
  - **Maine Families** home visiting program, providing guidance and support to families through early childhood
  - **WIC** program services, including nutrition support, breastfeeding supports, and child growth checks

Labor & Delivery Goals

The **Eat Sleep Console** approach will be used in all hospitals statewide, emphasizing nonpharmacologic methods and increasing family involvement in the treatment of their infant.

Hospitals will utilize **evidence-based pain management protocols** sensitive to the unique needs of people with OUD.

Conversations regarding **family planning** and offering Long-Acting Reversible Contraceptive (LARC) will be the prenatal standard of care.

MaineMOM

Ensuring Quality of Care: Performance

Quality and costs of care will be evaluated through measures selected by state and federal partners. Measure data will be collected at every stage of the model to assess progress towards goals for both mother and infant.

First prenatal encounter  Delivery  Postpartum & Infancy 

Performance measures will monitor MaineMOM partners' success in conducting appropriate screenings, initiating and sustaining individuals in OUD treatment, and maintaining mothers' program engagement through one year postpartum. One important measure will be **Improvement in Patient Engagement**, from a patient-reported assessment of their skills and confidence to manage their own care.

The model's success will be measured using both quality outcomes and its impact on costs, such as savings generated through avoiding adverse birth outcomes.

MaineMOM Clinical Learning Series

The Office of MaineCare Services will facilitate learning opportunities for the implementation of MaineMOM services by healthcare clinicians and staff. These learning opportunities will highlight evidence-based practice in treating pregnant and postpartum patients living with substance use disorder. These opportunities include:

- A virtual learning community via an ECHO® (Extension for Community Healthcare Outcomes) model
- On-site technical assistance in implementing best practices in health care coordination for this population

Sustainability

While funding from the Center for Medicare and Medicaid Innovation expires after 5 years, MaineMOM Services will continue.

Maine's Department of Health and Human Services has incorporated a sustainable payment model for MaineMOM Services beginning in state fiscal year 2023. Service requirements and reimbursement are tailored to meet the needs of this population, using the Opioid Health Home as a foundation.

Maine's Department of Health and Human Services is partnering with 5 MaineMOM providers across the state to offer MaineMOM services beginning July 1st, 2021:

MaineGeneral Health

MaineHealth

Northern Light Health

Penobscot Community Health Care

Pines Health Services

These MaineMOM partners will provide statewide coverage for MaineMOM, as most will run multiple clinical delivery sites.

Additional sites and partners will be welcomed to offer MaineMOM services in 2022 and will be included in the MaineMOM learning series and technical assistance opportunities facilitated by MaineCare.

Questions?

Contact Liz Remillard, MPH, MaineMOM Program Manager. at Liz.Remillard@maine.gov.

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DHHS Unencumbered Balances Forward (UBF)

Source: BFMS 3/1/23

Account	Office	Account description	Personal Services	All Other	Capital	Unallocated	Total UBF as of 2/27/23	PL 2023, c.3 (LD 206)	Proposed 24/25 (LD 258)	Adjusted Available UBF	Comments
01010AZ00801	CDC	MATERNAL AND CHILD HEALTH BLOCK GRANT MATCH	$ -	$ 1,040,400	$ -	$ -	$ 1,040,400			$ 1,040,400	This funding is used to support one-time maternal and child health needs
01010A014303	CDC	MAINE CENTER FOR DISEASE CONTROL AND PREV - CARRYING ACCOUNT	$ -	$ 110	$ -	$ -	$ 110			$ 110	Minimal funding from prior years
01010AZ22515	DDPC	DISPROPORTIONATE SHARE - DDPC	$ 0	$ 1,929,631	$ 0	$ 1	$ 1,929,632		$ (708,655)	$ 1,220,977	This funding is needed and is already incorporated into DDPC's operating budget
01010A042001	OADS	LONG TERM CARE - OFFICE OF AGING AND DISABILITY SERVICES	$ -	$ 8,115,280	$ -	$ -	$ 8,115,280		$ (3,543,396)	$ 4,571,884	This account is designated to fund OADS evergreen IT development; also as backstop to state-funded service contracts
01010A021101	OADS	INDEPENDENT HOUSING WITH SERVICES	$ -	$ 66,755	$ -	$ 0	$ 66,755			$ 66,755	Account no longer used
01010AZ20401	OBH	CONSENT DECREE	$ -	$ 7,106,693	$ -	$ -	$ 7,106,693			$ 7,106,693	Designed to support persons with severe and persistent mental illness in coordination with the court master
01010AZ19901	OBH	OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES	$ -	$ 8,654,737	$ -	$ -	$ 8,654,737		$ (3,000,000)	$ 5,654,737	$2 million of this balance planned to support additional residential detox beds per Governor's state of budget address; SUD spending has been growing
01010AZ20501	OBH	BRIDGING RENTAL ASSISTANCE PROGRAM	$ -	$ 2,812,611	$ -	$ -	$ 2,812,611		$ (1,500,000)	$ 1,312,611	Balance needed to support ongoing operation of program in event of increased demand
01010AZ19803	OBH	BUREAU OF MENTAL HEALTH - CARRYING ACCOUNT	$ -	$ 100,000	$ -	$ -	$ 100,000			$ 100,000	Appropriated in PL 2021 c.635
01010A013901	OCFS	STATE-FUNDED FOSTER CARE/ADOPTION ASSIST.	$ -	$ 8,314,506	$ -	$ 1	$ 8,314,507			$ 8,314,507	This funding is already accounted for in the child welfare budget and is needed for child welfare payments
01010A013701	OCFS	IV-E FOSTER CARE/ADOPTION ASSIST.	$ -	$ 3,221,536	$ -	$ -	$ 3,221,536			$ 3,221,536	This funding is already accounted for in the child welfare budget and is needed for child welfare payments
01010AZ01902	OFI	FOOD SUPPLEMENT ADMIN - CARRYING	$ -	$ 1,335,770	$ -	$ -	$ 1,335,770			$ 1,335,770	This funding was provided by PL 2021 c.1 and carried forward by PL 2022 c.635 Part HH for IT reinvestment and is awaiting approval by the Food and Nutrition Service. Once approved, this funding will be allotted to implement this federal requirement.
01010A013801	OFI	TANF	$ -	$ 7,910,201	$ -	$ -	$ 7,910,201		$ (3,000,000)	$ 4,910,201	This funding provides flexibility in providing one-time programs, such as Heat Assistance relief, or in response to economic downturns. This funding also helps to ensure that the state can meet its maintenance of effort requirement (MOE) in the event that 3rd Party MOE cannot be claimed from outside sources.
01010A013001	OFI	GENERAL ASSISTANCE	$ -	$ 4,075,288	$ -	$ 0	$ 4,075,288			$ 4,075,288	This funding is already accounted for in the General Assistance budget and will be spent accordingly
01010A014601	OFI	ASPIRE	$ -	$ 6,560,973	$ -	$ -	$ 6,560,973		$ (3,000,000)	$ 3,560,973	This funding provides flexibility in providing one-time programs, such as Heat Assistance relief, or in response to economic downturns. This funding also helps to ensure that the state can meet its maintenance of effort requirement (MOE) in the event that 3rd Party MOE cannot be claimed from outside sources.
01010A013101	OFI	SUPPLEMENTAL PAYMENTS FOR SSI (Supplemental Security Income)	$ -	$ 856,763	$ -	$ -	$ 856,763			$ 856,763	This funding is used to support eligible individuals should demand increase and is required for MaineCare compliance
01010A045302	OFI	OFFICE FOR FAMILY INDEPENDENCE - DISTRICT-CARRYING	$ -	$ 210,941	$ -	$ -	$ 210,941			$ 210,941	Previously appropriated for My Maine Connection portal
01010A012901	OMS	OFFICE OF MAINECARE SERVICES	$ -	$ 10,473,211	$ -	$ -	$ 10,473,211		$ (2,500,000)	$ 7,973,211	This funding supports MaineCare administration and is used to support the program. This balance is being spent down.

DHHS Unencumbered Balances Forward (UBF)

Source: BFMS 3/1/23

Account	Office	Account description	Personal Services	All Other	Capital	Unallocated	Total UBF as of 2/27/23	PL 2023, c.3 (LD 206)	Proposed 24/25 (LD 258)	Adjusted Available UBF	Comments
01010AZ20780	OMS	MH SVCS CHILD MEDICAID	$ -	$ 10,959,836	$ -	$ -	$ 10,959,836			$ 10,959,836	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21159	OMS	DEVEL SVS WAIVER-MAINECARE	$ -	$ 7,877,746	$ -	$ -	$ 7,877,746			$ 7,877,746	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21254	OMS	DEVELOPMENTAL SERVICES SUPPORTS WAIVER	$ -	$ 4,640,630	$ -	$ -	$ 4,640,630			$ 4,640,630	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ20140	OMS	MH SVCS COMMUNITY MEDICAID	$ -	$ 4,564,459	$ -	$ -	$ 4,564,459			$ 4,564,459	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21858	OMS	MEDICAID WAIVER FOR BRAIN INJURY RESIDENTIAL /COMMUNITY SERV	$ -	$ 3,335,998	$ -	$ -	$ 3,335,998			$ 3,335,998	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ20241	OMS	OFFICE OF SUBSTANCE ABUSE & MENTAL HEALTH SRV-MEDICAID SEED	$ -	$ 3,186,426	$ -	$ -	$ 3,186,426			$ 3,186,426	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010A014801	OMS	NURSING FACILITIES	$ -	$ 8,853,185	$ -	$ -	$ 8,853,185	$ (6,161,154)		$ 2,692,031	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21050	OMS	MEDICAID MATCH - DEVELOPMENTAL SVCS	$ -	$ 2,576,622	$ -	$ -	$ 2,576,622			$ 2,576,622	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21756	OMS	MEDICAID WAIVER FOR OTHER RELATED CONDITIONS	$ -	$ 1,256,199	$ -	$ -	$ 1,256,199			$ 1,256,199	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010A020201	OMS	DRUGS FOR MAINE'S ELDERLY	$ -	$ 914,171	$ -	$ -	$ 914,171			$ 914,171	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ00901	OMS	PNMI ROOM & BOARD	$ -	$ 318	$ -	$ -	$ 318			$ 318	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ21451	OMS	TRAUMATIC BRAIN INJURY SEED	$ -	$ 2	$ -	$ -	$ 2			$ 2	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010A014701	OMS	MEDICAL CARE SERVICES	$ -	$ 10,698,591	$ -	$ 1	$ 10,698,592	$ (10,777,679)		$ (79,087)	This funding is needed to operate the MaineCare program. MaineCare needs reserve balances to ensure that claims payments can be made in full and on time.
01010AZ22010	RPC	DISPROPORTIONATE SHARE - RIVERVIEW	$ 1,971,376	$ 656,640	$ 0	$ 1	$ 2,628,017		$ (2,180,000)	$ 448,017	This funding is needed and is already incorporated into RPC's operating budget